

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13113	2. Fiscal Year Covered From: 10 / 1 / 2003 Through: 9 / 30 / 2004
3. Name and address of person filing. Name Paul J Hongo P.O. Box, Bldg., Room No., if any Street 3055 Dixwell Avenue City Hamden State Connecticut ZIP Code + 4 06518	4. Name, file number, and address of labor organization. Name Communications Workers of America Local 1298 Labor Organization File Number 013-618 P.O. Box, Building and Room Number, if any Street 3055 Dixwell Avenue City Hamden State Connecticut ZIP Code + 4 06518
5. Position in labor organization. Local President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

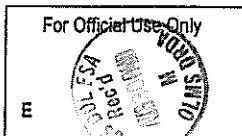
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name SBC Directory Organization Trade Name, if any: SBCDO P.O. Box, Bldg., Room No., if any Street 545 Long Wharf City New Haven State Connecticut ZIP Code + 4 06511	7.a. Nature of Interest, Transaction, or Income. Pre-Bargaining Dinner 7.b. Amount. \$100

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Paul J. Hongo</u>	On <u>08/15/2005</u> Date	<u>203 288-5271</u> Telephone Number

FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From: 10 / 1 / 2003 Through: 9 / 30 / 2004
3. Name and address of person filing. Name Michael Barbera P.O. Box, Bldg., Room No., if any Street 3055 Dixwell Avenue City Hamden State Connecticut ZIP Code +4 06518	4. Name, file number, and address of labor organization. Name Communications Workers of America Local 1298 Labor Organization File Number 013-618 P.O. Box, Building and Room Number, if any Street 3055 Dixwell Avenue City Hamden State Connecticut ZIP Code +4 06518
5. Position in labor organization. Local Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Computer Sciences Corporation Trade Name, if any: CSC P.O. Box, Bldg., Room No., if any Street 74 Deerfield Lane City Meriden State Connecticut ZIP Code +4 06450	7.a. Nature of Interest, Transaction, or Income. Bargaining Dinner Meeting -7/29/04 7.b. Amount. \$100

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael S. Barbera

On

08/15/2005

Date

203 288-5271

Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From: 10 / 1 / 2003 Through: 9 / 30 / 2004
3. Name and address of person filing. Name Patricia A Cristalli P.O. Box, Bldg., Room No., if any Street 3055 Dixwell Avenue City Hamden State Connecticut ZIP Code +4 06518	4. Name, file number, and address of labor organization. Name Communications Workers of America Local 1298 Labor Organization File Number 013-618 P.O. Box, Building and Room Number, if any Street 3055 Dixwell Avenue City Hamden State Connecticut ZIP Code +4 06518
5. Position in labor organization. Local Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Computer Sciences Corporation Trade Name, if any: CSC P.O. Box, Bldg., Room No., if any Street 74 Deerfield Lane City Meriden State Connecticut ZIP Code +4 06450	7.a. Nature of Interest, Transaction, or Income. Bargaining Dinner Meeting -7/29/04 7.b. Amount. \$100

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Patricia Cristalli</u>	On <u>08/15/2005</u> Date	<u>203 288-5271</u> Telephone Number